

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....02/23/2017
2ND PUBLISHING DATE:.....03/02/2017
3RD PUBLISHING DATE:.....03/09/2017

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL /SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 18838 SOLEDAD CANYON RD
SANTA CLARITA, CA 91351
NAME OF APPLICANT:..... FOREST HEALTH SPA / DANNA XIONG
DATE OF HEARING:..... 03/15/2017
TIME OF HEARING:..... 09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$

☐ New Business

☐ Change of Ownership

☐ Change in Partnership

☐ Change of Address/Site Transfer

☒ Change of Business Name

☐ Change in Corporate Officer/Director

8430
ID # 143557

BUSINESS INFORMATION

Type of Business Activity: Massage	Business Address: 18838 Soledad Canyon Road. Santa Clarita CA 91351	
Start Date (Projected):	Business Telephone: 661-527-9888	
DBA (Business Name): Forest Health SPA	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Sole Proprietorship _____ Partnership _____ LP _____ LLC _____ Corporation _____ If LLC, Partnership, LP, or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Legal Entity Name:		
Name of Officer/Director/Partner	Address	Title
Name of Agent for Service of Process	Address	Title

APPLICANT INFORMATION

Applicant's Full Name: DANNA XIONG		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email Address: [REDACTED]
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male _____ Female <input checked="" type="checkbox"/>	Height [REDACTED]	Weight [REDACTED] Hair Color [REDACTED] Eye Color [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: **11/2/16** Applicant's Signature: **[Signature]**

Application taken by: **U6** Date: **11-2-16**

YOUR RETURN MAILING ADDRESS

NAME: DANNA XIONG

ADDRESS: 18838 SOLEDAD CANYON ROAD

CITY: SANTA CLARITA

STATE: CA ZIP CODE: 90630

2016265693



FILED EXPIRES
Oct 31 2016 Oct 31 2021
Dean C. Logan, Registrar-Recorder/County Clerk

Electronically signed by ISAURA CORREA

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- ☒ Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
☐ Amended (New) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
☐ Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
\$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

1. FOREST HEALTH SPA

2.

Print Fictitious Business Name(s)

** 18838 SOLEDAD CANYON ROAD

Street address of principal place of business			Mailing address if different		
SANTA CLARITA	CA	91351	LA COUNTY		
City	State /Country	Zip	COUNTY	City	State /Country Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON

***REGISTERED OWNER(S):

1. DANNA XIONG

Full Name/Corp/LLC (P.O. Box not accepted)

18838 SOLEDAD CANYON ROAD

Residence Address

SANTA CLARITA

CA

91351

City

State/Country

Zip

If Corporation or LLC - Print State of Incorporation/Organization

2.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State/Country

Zip

If Corporation or LLC - Print State of Incorporation/Organization

3.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State/Country

Zip

If Corporation or LLC - Print State of Incorporation/Organization

4.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State/Country

Zip

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

****THIS BUSINESS IS CONDUCTED BY: (Check one)

- ☒ an Individual ☐ a General Partnership ☐ a Limited Partnership ☐ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☐ a Corporation ☐ a Trust ☐ Copartners
☐ a Married Couple ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnersh

*****The date registrant started to transact business under the fictitious business name or names listed above:

N/A

(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

REGISTRANT(S)/CORP/LLCNAME (PRINT) DANNA XIONG

TITLE Owner

REGISTRANT SIGNATURE

IF CORP OR LLC, PRINT NAME

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.


THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: ISAURA CORREA

, Deputy

YOUR RETURN MAILING ADDRESS NAME: DANNA XIONG ADDRESS: 18838 SOLEDAD CANYON ROAD CITY: SANTA CLARITA STATE: CA ZIP CODE : 90630	LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> 2016265691  FILED Oct 31 2016 Dean C. Logan, Registrar-Recorder/County Clerk Electronically signed by ISAURA CORREA </div>
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**STATEMENT OF ABANDONMENT
OF USE OF FICTITIOUS BUSINESS NAME - FILING FEE \$26.00**

FILE NO: 2016167417 DATE FILED: July 5, 2016

Name of Business(es) ROSE BLOOMING MESSAGE

Street Address, City, State, Zip Code 18838 SOLEDAD CANYON ROAD, SANTA CLARITA, CA, 91351

REGISTERED OWNER(S):

1. <u>DANNA XIONG</u> Full Name/Corp/LLC <u>18838 SOLEDAD CANYON ROAD</u> Residence Address <u>SANTA CLARITA</u> <u>CA</u> <u>90630</u> City State Zip If Corporation or LLC - Print State of Incorporation/Organization	2. _____ Full Name/Corp/LLC Residence Address _____ City State Zip If Corporation or LLC - Print State of Incorporation/Organization
3. _____ Full Name/Corp/LLC Residence Address _____ City State Zip If Corporation or LLC - Print State of Incorporation/Organization	4. _____ Full Name/Corp/LLC Residence Address _____ City State Zip If Corporation or LLC - Print State of Incorporation/Organization

Business was conducted by: (Check one of the following)

- ☒ an Individual ☐ a General Partnership ☐ a Limited Partnership ☐ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☐ a Corporation ☐ a Trust ☐ Copartners
☐ a Married Couple ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnership

I declare that all information in this statement is true and correct.
 (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT(S) NAME/CORP/LLCNAME (PRINT) DANNA XIONG TITLE Owner

REGISTRANT SIGNATURE 

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES County on the date indicated by the filed stamp in the upper right corner.

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: ISAURA CORREA , Deputy



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED: DANNA XIONG

FICTITIOUS NAME: FOREST HEALTH SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	07/22/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/19/16	nlove
<input checked="" type="checkbox"/> 5. Public Health	YES	10/04/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Beaches & Harbors			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/19/16	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	02/23/17	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/16/17	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~ROSE-BLOOMING MASSAGE~~ FOREST HEALTH SPA.

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval.

SIGNATURE: K. Harnick

DATE: 7/22/16

09-15-16;03:40PM;From:LACOFIRE-FS107

To:16612861134

;6612985044

1/ 2

0008/009

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR GENERAL

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD., SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED: DANNA XIONG

FICTITIOUS NAME: ~~ROSE BLOOMING MASSAGE~~ FOREST HEALTH SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 9/15/16

BASIC LICENSE NO. 8430

DATE 07-18-2016

IDENTIFICATION NUMBER 143557

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR GENERAL

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD., SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED: DANNA XIONG

FICTITIOUS NAME: ~~ROSE-BLOOMING-MASSAGE~~ FOREST HEALTH SPA.

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**HEALTH DEPARTMENT
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

L. Martinez

DATE: _____

9/7/2016

BASIC LICENSE NO. 8430

DATE 07-18-2016

IDENTIFICATION NUMBER 143557

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~ROSE-BLOOMING MASSAGE~~ FOREST HEALTH SPA

MAILING ADDRESS: [REDACTED] 1

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING
SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

approved Ref 2R 07C16-654

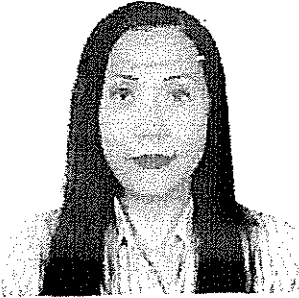
SIGNATURE: [Signature]

DATE: July 19, 2016

BASIC LICENSE NO. 8430

DATE 07/19/16

IDENTIFICATION NUMBER 143557



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

5 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

✓
16 00792

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 527-3988

OWNER OF BUSINESS: DANNA XIONG

CAL. DR. LIC.#:



3/21/64

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~ROSE BLOOMING MESSAGE~~

Forest Haven SPA

MAILING ADDRESS:



DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

W. P. S. 34470

DATE:

11/9/17

BASIC LICENSE NO. 8430

DATE 07/19/16 7/15

IDENTIFICATION NUMBER 143557

Sum TFC 11/15